



Date: _____

_____ has applied for admission to the _____ grade at
(student's full name)

Cornerstone Classical Christian Academy. Please send a complete transcript (photocopies) of grades, test results, medical forms, cumulative records, and any other pertinent information you may have which will enable us to assist the student in his enrollment process at our school.

Thank you for your prompt attention to this important matter.

Sincerely,

Administration

.....

I give permission for the release of all records pertaining to my child, _____
(Student's Full Name)

The records shall be sent to:
1746 Coachtrail Drive
Hebron, KY 41048

(Student's Date of Birth)

(signature of parent)

Date: _____

Name of last school attended: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____